



United States
Department of
Agriculture

Agricultural
Research
Service

Southern Region

701 Loyola Avenue
P.O. Box 53326
New Orleans, Louisiana
70153

February 24, 1983

SUBJECT: Transfer to Tuxtla Gutierrez, Mexico

TO: David B. Taylor
Research Geneticist, Insects
Fargo, ND

Enclosed are (2) Standard Form 87, U. S. Civil Service Commission Fingerprint Chart, (3) Standard Form 86, Security Investigation Data for Sensitive Position, (1) CSC 329-A, Authority for Release of Information, and (1) AD-125, Personnel Questionnaire.

Upon return of these completed forms, action will be taken to request issuance of an official passport and security clearance for your anticipated transfer to Tuxtla Gutierrez, Mexico. Because it takes quite a few months to complete the necessary clearances, you are requested to return the forms as quickly as possible. A self-addressed envelope is enclosed for your convenience.

If you have any questions, please call me at FTS 682-6593 or Commercial 504/589-6593.

JERILYNN M. BOFFONE
Travel Assistant
Budget & Fiscal Branch, SRAO

Enclosures

cc:

J. R. Johnston, Area Director, College Station, TX

PRIVACY ACT NOTICE

UNITED STATES CIVIL SERVICE COMMISSION

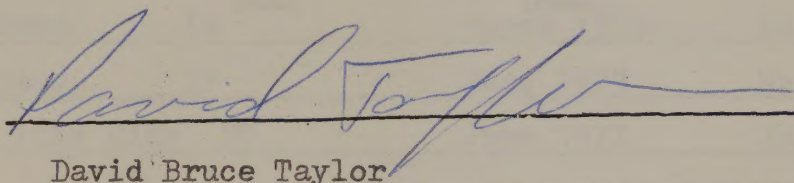
AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern

I hereby authorize any Investigator or duly accredited representative of the United States Civil Service Commission bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Commission and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name):



Full Name:

David Bruce Taylor

Other Names Used:

Parent or Guardian: (If required)

Date:

28 February 1983

Current Address:

717 10th Ave. N. #4, Fargo, ND

Telephone Number:

PRIVACY ACT NOTICE

Authority for Collecting Information

E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301.

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF PERSONNEL

PERSONNEL QUESTIONNAIRE

(Date)

BUREAU _____ HEADQUARTERS _____

Employee must answer all questions. Any incomplete, false, inaccurate, or misleading statement or intent to evade the truth will be the basis for disciplinary action.

(Print or type)

1. Name Taylor David Bruce
(Last) (First) (Middle)

2. (a) Present designation Research Geneticist (b) Salary 23,566

3. (a) Present home address 717 10th Ave N. #4 Fargo North Dakota
(Number and street) (City) (State)

(b) Residence telephone number _____

4. Give your home addresses for the past 5 years:

4520 SW 16th Ave. Fargo ND Feb. 1983 March 1983

2112 S. Robinson So. Bend IN March 1979 Feb. 1983
(Number and street) (City) (State) (From) (To)

55334 Quince Rd. So. Bend IN Jan. 1979 March 1979

411 6th Ave. #6 Salt Lake City UT June 1977 Jan. 1979

5. Give names and addresses of employers for the past 5 years:

USDA ARS MRRL Fargo, ND Feb. 1983 present

Univ. Notre Dame Notre Dame, IN Jan. 1979 Jan. 1983
(Employer's name) (Employer's address) (From) (To)

Univ. Utah Salt Lake City, UT Sept. 1977 Dec. 1978

6. Birth data February 19 1955 So. Bend IN
(Month) (Day) (Year) (City) (State or country)

7. Legal residence 717 10th Ave. N., Fargo, ND #4

8. (a) Citizenship USA

(b) If naturalized, give date and place of naturalization _____

(c) Naturalization certificate number _____

9. (a) If foreign born, under what name did you enter this country? _____

(b) Date and port of entry _____

(c) Name of ship _____

10. Give full names, nationality, nativity, and residence of any immediate relatives, either natural or by marriage, who are not citizens of the United States or who reside within the jurisdiction of any foreign government:

None

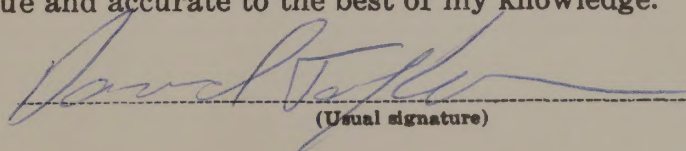
11. (a) Have you attended school in a foreign country? No
(b) Where _____ (c) When _____
12. (a) Have you traveled in a foreign country? Yes
(b) Where Ecuador, Canada, Mexico (c) When March 1982, Nov. 1982, Dec. 1981
13. What foreign languages do you speak fluently or read readily? Read french

14. Have you ever been arrested for any reason whatsoever? No
(Yes or no)
If so, show on separate sheet the date and place of arrest, the offense charged, and the outcome of the case.

15. Father's name Lloyd- Taylor Lloyd S.
(Last) (First) (Middle)
16. Father's occupation Civil engineer, Banker
17. Father's address 55334 Quince Rd. South Bend, IN 46619
18. Mother's maiden name Kiebler
19. Mother's address 55334 Quince Rd. So. Bend, IN 46619
20. (a) Father's birthplace LaPorte, IN
(b) Mother's birthplace Milwaukee, WI
(c) Father's nationality. (If naturalized, state when and where) USA
(d) Mother's nationality. (If naturalized, state when and where) USA

21. Marital status Single 22. Name of wife (or husband) _____
23. If divorced, state when and where granted _____
24. Maiden name of wife _____
25. (a) Spouse's birthplace _____
(b) Nationality of spouse. (If naturalized, state when and where) _____
(c) Name and address of spouse's employer _____

I HEREBY CERTIFY that the foregoing answers are true and accurate to the best of my knowledge.


(Usual signature)

PRIVACY ACT NOTICE FOR FORM AD-125
PERSONNEL QUESTIONNAIRE

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing the above form.

Authority

5 U.S. Code 301

Purposes and Uses

The purpose of the Personnel Questionnaire is to collect information so that a determination can be made as to whether you should be allowed to travel for the Department on official business.

Effects of Nondisclosure

Disclosure of the information requested on this form is voluntary. Failure to provide the requested information will result in you not receiving any further consideration for foreign travel.

Standard Form 86

AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-107SECURITY INVESTIGATION DATA
FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1 FULL NAME (Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)".)	(LAST NAME) Taylor	(FIRST NAME) David	(MIDDLE NAME) Bruce	2 DATE OF BIRTH 19 February 1955
	OTHER NAMES USED (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used)			3 PLACE OF BIRTH So. Bend, IN, USA
				4 ☒ MALE ☐ FEMALE
5 HEIGHT 5' 10"		WEIGHT 150	COLOR EYES Blu	COLOR HAIR Blo

6 ☒ SINGLE ☐ MARRIED ☐ WIDOW(ER) ☐ DIVORCED	7 IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. (Give same information regarding all previous marriages and divorces.)
---	--

8 DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
March 1983	present	717 10th Ave. N #4	Fargo	ND
February 1983	March 1983	4520 S.W. 16th Ave.	Fargo	ND
March 1979	February 1983	2112 S. Robinson	So. Bend	IN
January 1979	March 1979	55334 Quince Rd.	So. Bend	IN
June 1977	January 1979	411 6th Ave. #6	Salt Lake City	UT
1955	June 1977	55334 Quince Rd.	So. Bend	IN

9. ☒ U.S. CITIZEN ☐ ALIEN	☒ BY BIRTH ☐ NATURALIZED	ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT
	CERT. NO.	PETITION NO.	
☐ DERIVED-PARENTS CERT. NO(S)			
REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY	

10. EDUCATION. (All schools above elementary.)

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES
Washington High School	So. Bend, IN	1969	1973	Graduated
Univ. Notre Dame	Notre Dame, IN	1973	1977	B.S.
Univ. Utah	Salt Lake City, UT	1977	1978	---
Univ. Notre Dame	Notre Dame, IN	1979	1982	Ph.D.

11. THIS SPACE FOR FBI USE. (See also item 29.)

12. SOCIAL SECURITY NUMBER

13. MILITARY SERVICE (Past or present)

None

SERIAL NO.
(If none, give grade or rating at separation)BRANCH OF SERVICE
(Army, Navy, Air Force, etc.)

FROM (Yr.)

TO (Yr.)

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.

(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. (List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or agency) AND SUPERVISOR (Full name, if known)	ADDRESS (Where employed)	TYPE OF WORK	REASON FOR LEAVING
Feb 1983	present	USDA ARS MRRL, Claude Schmidt	Fargo, ND	Research genetics	
Jan 1979	Feb 1983	U. Notre Dame, George Craig	Notre Dame, IN	Research asst.	Graduation
Sept 1977	Dec 1978	U. Utah, Lewis Nielsen	SLC, UT	Graduate Asst.	Unhappy with Research env.
May 1976--J					
June 1977	Sept. 1977	So. SLC Mosq. Abat. Dist., Jay Graham	Midvale, UT	Inspector	Return to school
May 1976	June 1977	U. Notre Dame, George Craig	Notre Dame, IN	Museum curator	Return to Mosq. Inspector school
1971	1975	YMCA Camp Eberhart	RR 3, Three Rivers, MI	Counselor	Better Job
(Summers only)					

16. REPORT OF INFORMATION DEVELOPED (If this space required for FBI use)

17. MEMBERSHIP IN OTHER ORGANIZATIONS (If this space required for FBI use)

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? (You may omit: (1) Traffic violations for which you paid a fine of \$30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) ☐ YES ☒ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN
------	--------	-------	---------------------------	--------------

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION	OTHER APPOINTMENT AUTHORITY
1983-01-01	1. EXCEPTED	1. EXCEPTED	1. EXCEPTED
1983-01-01	2. COMPETITIVE	2. COMPETITIVE	2. COMPETITIVE
1983-01-01	3. NON-COMPETITIVE	3. NON-COMPETITIVE	3. NON-COMPETITIVE

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

26a. REFERENCES. (Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)

NAME IN FULL

HOME ADDRESS

BUSINESS ADDRESS

YEARS KNOWN

26b. CLOSE PERSONAL ASSOCIATES. (Name three persons, such as friends, schoolmates or colleagues, who know you well.)

NAME IN FULL

HOME ADDRESS

BUSINESS ADDRESS

YEARS KNOWN

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☐ YES ☐ NO. (If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

29. REPORT OF INFORMATION DEVELOPED. (This space reserved for FBI use.)

DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form
is punishable by law.

(DATE)

(SIGNATURE—Sign original and first carbon copy)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the proposed appointment in the other spaces for appointment data. The original and the first carbon copy should be signed by the applicant or appointee. Submit the original and the unsigned carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT ☐ EXCEPTED ☐ COMPETITIVE. (Include indefinite and temporary types of competitive appointments.)	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:	
THIS IS A SENSITIVE POSITION			
(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)			

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☒ NO
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). (Exclusive of military service.)

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Canada			Attend Ent. Soc. Am. Conf
Ecuador			Vacation
Mexico			Vacation, visit friend

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? ☐ YES ☒ NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
--------------	---------	------	----	-------------

24. MEMBERSHIP IN OTHER ORGANIZATIONS. (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.) (If none, so state.)

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
--------------	---------	------	------	----	-------------

25. RELATIVES. (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
----------	--------------	---------------	---------	------------------	---------------------

